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DUE 5/27/06

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VILLUMA NAGA	(Depositor's name)
<i>[Signature]</i>	(Signature)
3/15/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/055,387	01/23/2002	Matthias Muth	DE 010023	7668

TITLE OF INVENTION: TRANSCEIVER WITH MEANS FOR ERROR MANAGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/30/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
FLANAGAN, KRISTA M	2817	375-219000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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(A) NAME OF ASSIGNEE *Koninklijke Philips Electronics N.V.* (B) RESIDENCE CITY AND STATE OR COUNTRY *Eindhoven, The Netherlands*

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature *Ad L Stroud*Date *15-MAR-14-2006*Typed or printed name *ADAM L STRoud*Registration No. *48,410*

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